A justing										Application or Docket Number					
	PATENT A	CATIO	N FEE DE	RD		9,40967									
Effective November 10, 1998														-/	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMAI			OR.	SMALL			
FOR				R FILED	NUM	NUMBER EXTRA			RAT	Ē	FEE	۱	RATE	FEE	
BASIC FEE										380.00	OR		760.00		
TOTAL CLAIMS			4	O minus 2	0= •	7()	X\$ 9=		=		OR	X\$18=	560	
INDEPENDENT CLAIMS			- 		3 = •	٠			X39=		OR	X78=	156		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=				
" If the difference in column 1 is less than zero, enter "0" in column 2								•	TOTAL		OR	TOTAL	1276		
CLAIMS AS AMENDED - PART II									OTHER THAN SMALL ENTITY OR SMALL ENTITY						
(Column 1) (Column 2) (Column 3)								SMAI	4		.OH	SMALL			
AMENDMENTA	RE		LAIMS MAINING FTER NOMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 7	10	Minus	4	Ю	. /		X\$ 9	2		OR	X\$18=		
	Independent	٠	5	Minus	200	5/		П	X39	2		OR	X78=		
4	FIRST PRESE	NTATIO	ON OF MI	JETIPLE DEF	ENDENT	CLAIM		١١	+130	=		OR	+260=		
, 1 ,1 ,1										AL.		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)								ADDIT. F	EE I			ADDII. FEE		
NTB	711101		umn 1) AIMS		HIGHE	ST		1		\neg	ADDI-	1		ADDI-	
		A	IAINING FTER NDMBNT		NUMB PREVIOR PAID F	USLY	PRESENT EXTRA	И	RATE	=	TIONAL		RATE	TIONAL FEE	
AMENDMENT	Total	* 4	70	euniM	-4	Ď.	. /		X\$ 9	53		OR	X\$18=		
E E	Independent	Ŀ_	5	Minus	***	5_	<u> </u>	$\ \ $	X39=			OR	X78≃		
Ĥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130	#		OR	+260=		
									TOT ADDIT. F			ОЯ	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)														
AMENDMENT C		REA	LAIMS MAINING FTER NOMENT		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total			Minus	##		*		X\$ 9	_		OR	X\$18=		
	Independent	·		Minus	***		•]	X39:			OR	X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130	_		OR	+260=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20. enter "20."									ΆL		ΛB	TOTAL		
**	If the "Highest Nu "If the "Highest Nu The "Highest Nu	mber P	reviously P	aid For IN THI	S SPACE IS IS SPACE IN	tess the	n 20, enter "20 vr 3, enter "3,"		ADDIT. F	EΕ	propriate bo		ADDIT. FEE lumn 1.	L	
	The "Highest Nur	nder Pr	eviously Pa	no rov (total o	r moeperide) S.M.	ingilest ratific								

FORM PTO-475 (Rev. 11/88)

U.S. DEPARTMENT OF COMMERC \$ y.s. 690:1998-454-473/90301

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